

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN9506	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/23/2013
NAME OF PROVIDER OR SUPPLIER  MT JULIET HEALTH CARE CENTER		STREET ADDRESS, CITY STATE, ZIP CODE 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	1200-8-6-.08 (18) Building Standards  (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.  This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain negative and positive air pressure in required areas.  The findings included:  1. Observation of the clean side of the laundry on 7/23/13 at 8:22 AM, revealed a negative air pressure.  2. Observation of the kitchen on 7/23/13 at 8:32 AM, revealed the janitors closet failed to maintain negative air pressure.  These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/23/13.	N 848	1200-8-6-.08 (18) BUILDING STANDARDS  Requirements:  The facility will maintain negative and positive air pressure in required areas.  Corrective Action:  1a The clean side of the laundry will maintain positive air pressure. A contractor has been hired to balance the positive and negative air pressure. 8/25/13  b. The kitchen janitors closet will maintain negative air pressure with proper door closure. 7/26/13  2. The Maintenance Director inspected all doors and areas in the facility that require negative or positive air pressure to ensure air pressure is maintained.  3. The Maintenance Director has been serviced on 7/26/13 regarding maintaining negative or positive air pressure.  4. The Maintenance Director and Administrator will monitor for compliance through facility rounds. Findings will be reported to the QA Committee for review.	8/25/13
N 902	1200-8-6-.09(2) Life Safety  (2) The nursing home shall provide fire protection by the elimination of fire hazards, by the installation of necessary fire fighting equipment and by the adoption of a written fire control plan. Fire drills shall be held at least quarterly for each work shift for nursing home	N 902		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8882

BBPS21

TITLE

(X6) DATE

If continuation sheet 1 of 3

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N 902	<p>Continued From page 1</p> <p>personnel in each separate patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years. All fires which result in a response by the local fire department shall be reported to the department within seven (7) days. The report shall contain sufficient information to ascertain the nature and location of the fire, its probable cause and any injuries incurred by any person or persons as a result of the fire. Initial reports by the facility may omit the name(s) of resident(s) and parties involved, however, should the department find the identities of such persons to be necessary to an investigation, the facility shall provide such information.</p> <p>Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, and 68-11-209.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to eliminate fire hazards.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observations in the clean laundry room on 7/23/13 at 8:18 AM, revealed a build up of lint on the lint traps of the dryers.</li> <li>2. Observations of the maintenance room of the dryer facilities on 7/23/13 at 8:20 AM, revealed a build up of lint in the rear of the dryers and around the dryer heat box.</li> </ol> <p>These findings were verified by the maintenance director and acknowledged by the administrator</p>	N 902	<p>1200-8-6-.09(2) LIFE SAFETY Requirement:</p> <p>The nursing home will provide fire protection by the elimination of fire hazards.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> <li>1a. All dryers in the clean laundry room will be maintained on each dryer to avoid buildup of lint on the lint trap of the dryers. 7/23/13</li> <li>b. All dryers in the maintenance room of dryer facility will be maintained to avoid build up of lint in the rear of the dryers and around the dryer heat box.</li> </ol> <p>2. The Maintenance Director, and Laundry Supervisor inspected dryer areas where lint develops on 7/25/13. Will maintain a log by laundry staff and Maintenance Director when cleaning has been completed.</p> <p>3. In-serviced all laundry staff and Maintenance Director on 7/25/13 regarding proper daily cleaning of lint traps and monthly cleaning or more often if needed of lint build up rear of dryer and around dryer heat box.</p>	

PRINTED: 07/25/2013  
FORM APPROVED

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N 902	Continued From page 2 during the exit conference on 7/23/13.	N 902	4. The Maintenance Director, Laundry Supervisor, and Admin will monitor for compliance of cleaning dryer areas to eliminate fire hazards and will report findings to QA Committee.	7/26/13